

96-45

WATSON ELEMENTARY SCHOOL

101 SCHOOL DRIVE  
PO BOX 10  
WATSON, OK 74963  
580-244-3327

RECEIVED  
JUN 18 2004  
Federal Communications Commission  
Office of the Secretary

FEBRUARY 23, 2004

SCHOOLS AND LIBRARIES DIVISION  
UNIVERSAL SERVICE ADMINISTRATIVE COMPANY  
PO BOX 7026  
3833 GREENWAY DRIVE  
LAWRENCE, KS 66044-7026

RECEIVED  
JUN 18 2004  
Federal Communications Commission  
Office of the Secretary

WATS ap # 394230  
Billed Entry # 140434

Federal Communications Commission  
Office of the Secretary

DEAR UNIVERSAL SERVICE ADMINISTRATOR,

I AM IN RECIEPT OF YOUR LETTER OF REJECTION DATED FEBRTUARY 18<sup>TH</sup>, 2004, AND AM WITH THIS LETTER OFFICIALLY FILING AN APPEAL OF THAT REJECTION.

- 1) FIRST, THE SIGNATRE BLOCK 6, ITEM 34 WAS BLANK, AS I THOUGHT I HAD SUBMITTED THIS ONLINE AND CERTIFIED IT ONLINE; THE PAPER COPIES WERE MERELY SENT WITH ATTACHMENTS. IF I HAVE NOT USED THE CORRECT FORM OR DID NOT CERTIFY IT CORRECTLY ONLINE, PLEASE PARDON MY MISTAKE, AND SHOW ME WHAT I MUST DO TO CORRECT THIS.
- 2) THE FORM 471 SUBMITTED IS NOT THE CORRECT FORM. IT IS THE ONLY COPY I COULD GET AFTER I THOUGHT I HAD SUBMITTED IT ONLINE. I WILL BE HAPPY TO CORRECT THIS ERROR AND USE THE APPROPRIATE FORM IF YOU WILL SIMPLY TELL ME WHICH FORM TO USE.

PLEASE CALL ME AT SCHOOL, MONDAY THROUGH FRIDAY, 8AM-4PM CENTRAL STANDARD TIME AND I WILL BE HAPPY TO MAKE WHATEVER CORRECTIONS ARE NECESSARY FOR THIS SUBMISSION.

LAST YEAR I MADE COPIES OF THE FORMS FROM YOUR WEBSITE AND SUBMITTED THEM WITH NO PROBLEMS. THIS YEAR, I THOUGHT I WAS DOING THE SUBMISSION ONLINE, AND EVIDENTLY MANAGED TO MESS THE ENTIRE THING UP!! PLEASE GIVE ME A CALL, AND HELP ME RECTIFY THIS SITUATION.

SINCERELY,

*Cindi Hernandez*

CINDI HERNANDEZ  
SUPERINTENDENT

No. of Copies rec'd 1  
List ABCDE

WATSON ELEMENTARY SCHOOL  
OUR KIDS ARE #1

Cindi Hernandez  
Superintendent

PO BOX 10  
101 School Drive  
Watson, OK 74963  
Phone: 580-244-3327  
Fax: 580-244-3526  
E-mail: cindileo@yahoo.com  
Cell: 479-234-3439, Home: 580-244-7443

Entity Number 140434Applicant's Form Identifier WATS471Y6Contact Person CINDI HERNANDEZPhone Number 405 244-3327**Block 6: Certifications and Signature**

24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.

25 The entities listed on this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections, necessary to make effective use of the services purchased, as well as to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

- a ☒ an individual technology plan for using the services requested in this application; and/or
- b higher-level technology plan(s) for using the services requested in this application; or
- c no technology plan needed; applying for basic local and long distance telephone service only.

27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a ☒ technology plan(s) has/have been approved; and/or
- b technology plan(s) will be approved by a state or other authorized body; or
- c no technology plan needed; applying for basic local and long distance telephone service only.

28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.



ID : 394230

Entity Number 140434Applicant's Form Identifier WATS471Y6Contact Person CINDI HERNANDEZPhone Number 405 244-3327

34. Signature of authorized person

Cindi Hernandez

35. Date

02232004

36. Printed name of authorized person

C I N D I H E R N A N D E Z

37. Title or position of authorized person

S U P E R I N T E N D E N T

38a. Street Address, P.O. Box, or Route Number

1 0 1 S C H O O L D R I V E

City

W A T S O N

State

Zip Code

O K

7 4 9 6 3

38b. Telephone number of authorized person

Extension

5 8 0 2 4 4 3 3 2

38c. Fax number of authorized person

5 8 0 2 4 4 5 2 6

38d. E-mail address of authorized person

c i n d i l e o @ y a h o o . c o m

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

*This was sent on 2/23 - with appeal  
As soon as I find out if I did not certify electronically as I had thought.  
C.H.*





Universal Service Administrative Company  
Schools & Libraries Division

**FORM 471 CERTIFICATION REJECTION LETTER**  
**FUND YEAR 2004 (July 1, 2004 - June 30, 2005)**

February 18, 2004

CINDI HERNANDEZ  
WATSON SCHOOL DISTRICT 56  
101 SCHOOL DR  
WATSON, OK 74963

Re: Applicant's Form Identifier: WATS471Y6  
Form 471 Application Number: 394230

Dear CINDI HERNANDEZ:

This letter is your notification that the Certification page of the FCC Form 471, *Services Ordered and Certification Form*, you submitted did not meet Minimum Processing Standards. Therefore we are returning your Form 471 Certification with this letter, which means that the *Schools and Libraries Division (SLD)* could not process it. Here is an explanation of the specific reason(s) your Form 471 Certification did not meet the Minimum Processing Standards:

- The Signature in Block 6, Item 34, of the Form 471 Certification submitted is blank.
- The Form 471 submitted is not the correct, OMB-approved Form 471, with a date of October 2002 or later in the lower right-hand corner of the form.

**TO APPEAL THIS DECISION:**

If you wish to appeal the decision indicated in this letter, your appeal must be received or postmarked within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which Funding Commitment Decision(s) you are appealing. Indicate the relevant funding year and the date of the FCDL. Your letter of appeal must also include the Billed Entity Name, the Form 471 Application Number, and the Billed Entity Number from the top of your letter.

ATT 01-20-04 4100065

71C 01-20-04 1200012

NEC71C01-20-0401200012

**Universities Un-**  
**dered and C**  
**Application Display**

**Block 1: Billed Entity Information**

**Applicant's Form Identifier:**

WATS471Y6

**471 Application Number:**

394230

**Funding Year:**

07/01/2004 - 06/30/2005

**Billed Entity****Number: 140434****Cert. Postmark Date:****Form Status: COMPLETE****RAL Date:****Out of Window Letter Date:****Name:** WATSON SCHOOL DISTRICT 56**Address:** 101 SCHOOL DR**City:** WATSON **State:** OK **Zip:** 74963**Phone:** 405-244-3327 **Ext:****Fax:** --**E-mail:****Contact Name:** CINDI HERNANDEZ**Address:** 101 SCHOOL DR**City:** WATSON **State:** OK **Zip:** 74963**Contact Phone:** 405-244-3327 **Ext:****Contact Fax:** 580-244-3526 **Ext:****E-mail:** cindileo@yahoo.com**Contact Mode:** FAX**Alternate Contact Info.:** 479-243-9245**Type of Application:** SCHOOL**Ineligible Orgs:** N

**Block 3: Impact of Services Ordered in THIS Application**

Application ID : 394230

Do not write in this area

Entity Number 140434

Applicant's Form Identifier WATS471Y6

Contact Person CINDI HERNANDEZ

Phone Number (405) 244-3327

## Block 6: Certifications and Signature

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Do Not Write In This Area

Approval by OME  
3060-085

lication ID 394230

Entity Number 140434

Applicant's Form Identifier WATS471Y6

Contact Person CINDI HERNANDEZ

Phone Number (405) 244-3327

34. Signature of authorized person

*Cindi Hernandez*

35. Date *Electronic 1-7-04*  
*paper copy sent 2-23-04*  
*this paper copy 6-3-04*

36. Printed name of authorized person

C I N D I H E R N A N D E Z

Title or position of authorized person

S U P E R I N T E N D E N T

37. Street Address, P.O. Box, or Route Number

S C H O O L D R I V E

C I N

Zip Code

7 4 9 6 3

38b. Telephone number of authorized person

Extension

38c. Fax number of authorized person

2 4 4 3 3 2 7

5 8 0 2 4 4 3 5 2 6

38d. E-mail address of authorized person

c h e o @ y a h o o . c o m

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The Americans with Disabilities Act and the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these disbursements available to people with disabilities.

## SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Letter of Appeal  
Schools & Libraries Div.  
Box 125  
Correspondence Unit  
80 S. Jefferson Rd.  
Whippany, NJ 07981

## 2. Article Number (Copy from service label)

7099 3220 0001 8082 4652

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

## COMPLETE THIS SECTION ON DELIVERY

## A. Received by (Please Print Clearly)

## B. Date of Delivery

## C. Signature

X *[Signature]*☐ Agent☐ Addressee

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

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Letter of Appeal  
Schools & Libraries Div.  
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Whippany, NJ  
07981

## 2. Article Number (Copy from service label)

7099 3220 0001 8082 4645

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

## A. Received by (Please Print Clearly)

## B. Date of Delivery

## C. Signature

X *[Signature]*☐ Agent☐ Addressee

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

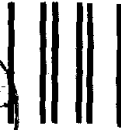
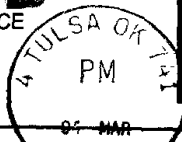
## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



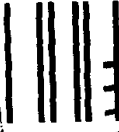
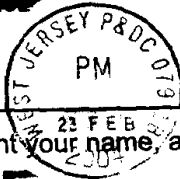
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-40

• Sender: Please print your name, address, and ZIP+4 in this box •

Watson School  
Cind. Hernandez  
PO Box 10  
Watson OK 74963-0010



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-40

• Sender: Please print your name, address, and ZIP+4 in this box •

Cindi Hernandez  
Watson School  
PO Box 10  
Watson OK 74963

